

STATE OF MICHIGAN

INSTRUCTIONS FOR COMPLETING CHARITABLE TRUST REGISTRATION FORMS

Registration Statement

Line

2. Enter legal name of organization. If incorporated, you must use exact corporate name as shown in Articles of Incorporation. If unincorporated, you must use exact name used in Constitution and Bylaws or Trust Agreement.
7. If the creating document specifies a specific date or time of termination, describe and provide reference to the paragraph or article where it is located.
11. For Trusts only. If the trust instrument specifies any investment provisions, summarize and indicate where they are located in the trust instrument.

Charitable Trust Inventory

Complete Numbers 1 through 6, listing all assets and liabilities as of the current date or most recently completed fiscal year end.

NOTE: Fair market value of supplies, equipment and other miscellaneous property can be listed under "Other Assets".

At least one officer/trustee must sign and date form after reading the penalty clause.

REMINDERS

The most recent annual report must be submitted with the Registration Statement and Inventory unless:

1. this is a new organization which has not completed its first fiscal year, OR:
2. the organization maintains a current Solicitation License pursuant to the Charitable Organizations and Solicitations Act, 1975 PA 169, MCL 400.271, et seq, (separate financial report for trust file not required if license kept current).

Creating document (Trust Agreement, Will, Articles of Incorporation, etc.) and Initial Charitable Trust/Charitable Solicitation Questionnaire must be submitted simultaneously with these forms, unless already on file.

At least one trustee or officer must sign. Both forms must be submitted with original signatures.

COMPLETED FORMS SHOULD BE RETURNED TO THE FOLLOWING ADDRESS:

**Department of Attorney General
Charitable Trust Section
PO Box 30214
Lansing MI 48909**

STATE OF MICHIGAN
DEPARTMENT OF ATTORNEY GENERAL

CHARITABLE TRUST - REGISTRATION STATEMENT

1. ENTITY TYPE

☐ Testamentary Trust

1a. If Testamentary Trust was checked above, specify the paragraph of the Will that establishes the Trust:

☐ Inter Vivos Trust

☐ Corporation

☐ Other _____

2. LEGAL NAME OF ENTITY: _____

(If incorporated, exact corporate name must be used. If unincorporated, exact name on constitution and bylaws or trust agreement must be used. Copy of creating document showing acceptance by appropriate agency must be submitted.)

3. ADDRESS: _____
(Street) (City or Town) (State) (Zip Code)

TELEPHONE NUMBER: _____
(Area Code) (Number)

4. DATE AND STATE ENTITY WAS LEGALLY ESTABLISHED: _____
(Date) (State)

5. PURPOSE OF ENTITY: _____

6. TRUSTEE(S) (Officers and/or Members of Board of Directors, Etc.):

FULL NAME

RESIDENCE ADDRESS

7. TERMINATION PROVISIONS: (If any) _____
(See instructions) _____

8. DOES ENTITY SOLICIT FROM PUBLIC?

☐ YES

☐ NO

IF YES, IS IT LICENSED BY THE ATTORNEY GENERAL?

☐ YES

☐ NO

IF YES, GIVE SOLICITATION LICENSE NUMBER: CS _____

IF NO, REASON LICENSE NOT REQUIRED: _____

9. HAS THE INTERNAL REVENUE SERVICE DETERMINED THAT THE ENTITY IS TAX EXEMPT? ☐ YES ☐ NO

IF YES, UNDER 501(c) (____).

IF YES, SUBMIT A COPY OF THE IRS DETERMINATION LETTER, IF IT HAS NOT ALREADY BEEN SUBMITTED TO OUR OFFICE.

10. HAS TAX EXEMPTION EVERY BEEN DENIED OR REVOKED BY THE IRS? ☐ YES ☐ NO
IF YES, GIVE FACTS ON AN ATTACHED SHEET.

11 – 14 TRUSTS ONLY

11. INVESTMENT PROVISIONS: (If any) _____
(See instructions) _____

12. BENEFICIARIES (If applicable) _____

13. TRUSTEES' ATTORNEY

Name _____
Address _____

City, State, Zip _____
Telephone No. _____

14. IS THIS TRUST A PART OF, OR RELATED TO, ANY ESTATE
THAT IS CURRENTLY PENDING IN PROBATE COURT? ☐ YES ☐ NO
IF YES, SUBMIT A COPY OF THE WILL AND THE PETITION OR APPLICATION TO COMMENCE PROBATE
PROCEEDINGS, UNLESS PREVIOUSLY PROVIDED.

SIGNATURE OF PRINCIPAL OFFICERS OR TRUSTEES (At least one officer or other trustee must sign)

Signature _____ Title _____ Date _____

Print Name _____

Signature _____ Title _____ Date _____

Print Name _____

NOTE: FILE ORIGINAL COPY OF THIS DOCUMENT
We will advise you of the registration number

STATE OF MICHIGAN
DEPARTMENT OF ATTORNEY GENERAL

CHARITABLE TRUST INVENTORY

Legal name of entity _____

Fiscal Year End _____
Month/Day

Date of valuation of assets _____

DESCRIPTION OF ASSETS

NO. 1 - CASH

Amount

Savings Account (Bank and #) _____

Checking Account (Bank and #) _____

Other Cash _____

TOTAL No. 1 - (CASH)

No. 2 - STOCK

CORPORATION NAME:

NO. SHARES

BOOK

MARKET

-----VALUE-----

TOTAL No. 2 - (STOCK)

No. 3 - BONDS

NAME

INT. %

SERIES

YEAR

OTHER

VALUE

TOTAL No. 3 - (BONDS)

No. 4 - REAL ESTATE

LOCATION:

VALUE

TOTAL No. 4 - (REAL ESTATE)

No. 5 - OTHER ASSETS

AMOUNT

TOTAL No. 5 - (OTHER ASSETS)

TOTAL ASSETS: ADD 1 through 5

No. 6 - LIABILITIES

AMOUNT

TOTAL No. 6 - (LIABILITIES)

NET ASSETS: Total Assets less Total Liabilities

UNDER PENALTY OF PERJURY: I declare that I have examined this Inventory and, to the best of my knowledge and belief, it is true, correct and complete.

Date

Signature of Trustee/Officer

Title

(ATTACH ADDITIONAL SCHEDULES IF NECESSARY)